

Maine Department of Health and Human Services
Office of Child and Family Services

Strategic Plan for 2007

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Background for the 2007 OCFS Strategic Plan

The Office of Child and Family Services (OCFS) is part of Maine's Department of Health and Human Services and is composed of the Divisions of Child Welfare, Children's Behavioral Health Services, Early Childhood, and Public Service Management. This 2007 OCFS Strategic Plan builds on the Office's 2006 Integration Services Plan. It highlights those elements of OCFS' work that are critical to promote the well-being of children and families in Maine and that involve at least two of the OCFS divisions. In addition to this OCFS Plan, each division also has its own work plan for 2007.

This 2007 Plan includes 21 strategies; each of these features one or more planned activities designed to implement that strategy. One member of the OCFS Management Team is designated to lead work on each strategy, usually with one or more other OCFS staff as associate leads. The primary leads are responsible for assuring that progress is made on implementing their strategies, while the associate leads play crucial supporting roles in the planned activities. The 21 Plan strategies are not presented in priority order; instead, they are arranged roughly according to the amount of work required to implement each one, with larger pieces of work toward the front of the document. The OCFS Management Team will review progress on the planned strategies quarterly.

This document begins with a summary listing of the 21 strategies in the 2007 OCFS Plan and the pages on which each can be found. The detailed Plan then follows.

Summary List of Strategies in the 2007 OCFS Strategic Plan

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Strategy 1: Create a single, integrated Children's Behavioral Health Service System

Strategy (What)	Activities (How)	Timeline	Leads
Continue work to create a single, integrated system of children's behavioral health services.	<p>A. The System of Care committee will continue to lead design work on a single, integrated service system. System design includes analysis of treatment/support/social services currently purchased by OCFS (this has been partially completed), deciding which treatment services to purchase or enhance, deciding how to measure outcomes and performance standards, and designing and implementing CBHS oversight and monitoring activities (e.g., utilization review, performance and quality improvement, outcome assessments).</p> <p>B. As part of the design work on the single behavioral health service system, complete focus groups with parents/families/guardians to discuss their needs and impressions of treatment services that are effective.</p> <p>C. Continue work on identifying a screening tool that can be used voluntarily by a broad range of disciplines to determine if an asymptomatic child with MaineCare coverage might have a disorder or functional impairment meriting further investigation.</p> <p>D. Make consultation by mental health professionals more available to child care providers who serve children with problem behaviors, helping them to address the children's problems without expelling them from care.</p> <p>E. As we expand the Trauma Informed System of Care and Wraparound Maine, increase parent and youth involvement at all stages of program planning and operation (e.g., evaluation,</p>	Leads will report by April 9, 2007	<p><u>Lead:</u> Andy Cook <u>Associate leads:</u> Dan Despard, Carolyn Drugge, Sheryl Peavey, Martha Proulx, Joan Smyrski, and Patti Woolley</p>

	<p>program design, determining outcomes). Severe repetitive physical trauma, sexual trauma and witnessing family violence is strongly associated with a variety of mental health disorders (Oppositional Defiant Disorder, Conduct Disorder, anxiety problems, depression and PTSD). As OCFS works to increase its prevention, screening, assessment and treatment capacities for associated disorders, it will involve parents and youth in a meaningful and respectful manner. (For example, CBHS has involved parents and youth in equal numbers to providers in the CBHS Evidence-Based Practice Work Group.)</p>		
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Strategy 2: Promote use of Evidence-Based Practice; Develop an outcome measurement system

Strategy (What)	Activities (How)	Timeline	Lead
Continue to promote identification and use of Evidence-Based Practices (EBP's) in OCFS program work.	<p>A. Constitute a workgroup for the purpose of identifying Evidence-Based Practices (EBP's).</p> <p>B. The workgroup will develop a protocol for identifying EBP's.</p> <p>C. The workgroup will begin identifying EBP's.</p> <p>D. The workgroup will coordinate and consult regularly with the DHHS Office of Integrated Services and Quality Improvement as it does its work.</p> <p>E. Take steps to increase use of evidence-based practice by programs and clinicians when appropriate to the particular services provided and populations served.</p> <p>F. Continue to work on establishing standardized outcome measures for individual children and their families using national assessment tools and benchmarks (e.g., CAFAS) whenever possible; develop information systems for reporting, analysis and communication of outcome results to ensure continuous performance and quality improvement. Work with the new managed care entity on outcome measures.</p>	Leads will report by July 1, 2007	<p><u>Lead:</u> Lindsey Tweed</p> <p><u>Associate leads:</u> Andy Cook, Theresa Dube, Ann O'Brien, and Jay Yoe</p>

Strategy 3: Integrate case management services

Strategy (What)	Activities (How)	Timeline	Leads
Implement a plan to integrate Child Welfare (CW), Children's Behavioral Health Services (CBHS) and Early Childhood Services (ECS) case management services in order to improve outcomes for families and children when they are served by more than one division.	<p>A1. Analyze existing data to determine how much CW, CBHS, Head Start and other targeted case management services overlap.</p> <p>A2. Compare Maine data with data from another state that has had success in integrating these services.</p> <p>A3. Adopt current healthcare industry practice to ensure the development and management of a sufficient targeted case management workforce with consistent minimum qualifications and core competencies aligned with the practice guidelines.</p> <p>A4. Continue to develop agreements among OCFS service clusters to enable efficient and effective transition among case management services, while eliminating any unnecessary duplication of case management with any one family.</p> <p>A5. Continue to work on resolving outstanding issues regarding confidentiality, in order to expedite referral and delivery of appropriate services and to ensure that the process of sharing client information guarantees consumer rights to choice and informed consent.</p> <p>B. Continue ongoing work on developing unified practice guidelines based on shared values and principles on which CW, CBHS, and ECS conduct their work. This includes continuing Future Search district conversations about how to</p>	<p>Report on A1 by May 14, 2007</p> <p>Work done in June-August, 2007</p> <p>Develop documented learnings for "unified</p>	<p><u>Lead:</u> Patti Woolley <u>Associate leads:</u> Sharon Kelly, Virginia Marriner, Doug Patrick, and Joan Smyrski</p>

	<p>improve case management services, documenting relevant environmental factors (e.g., diverse technology systems and data sets, redundancies in information gathered by OCFS divisions, current work on confidentiality and referrals), and considering how unified practice guidelines can be effectively built into the work of each OCFS division. This work is ongoing based on staged implementation of Future Search, Touchpoints, Strengthening Families Initiative, and High Fidelity Wraparound across regions and divisions.</p> <p>C. Review existing policies, rules, regulations, contracts and protocols that support unified practice guidelines.</p> <p>D. Align performance and quality improvement (PQI) efforts for case management once the practice guidelines and standards are in place. Monitor implementation and outcomes of services provided to assure fidelity to the practice guidelines (e.g., by creating a unified process tool for assessing implementation of the guidelines).</p>	<p>practice guidelines” by November 2007</p>	
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Strategy 4: Create a seamless service system to minimize disruptive transitions experienced by children

Strategy (What)	Activities (How)	Timeline	Leads
Minimize the number of disruptive transitions a child must experience, since the more transitions a child goes through, the more problems typically result. If transitions must occur, minimize the trauma/damage they cause.	<p>A. Clearly define what constitutes a “disruptive transition.”</p> <p>B. Create a performance indicator that measures the number of unplanned, unexpected transitions children experience. Where possible, use existing data (e.g., CW data on the number of foster families children are placed with, CBHS data on transitions for residential clients, EC data on staff turnover, DOE data on children’s moves among schools), augmented as possible by new data sources (e.g., expulsions from child care, Child Care Plus ME information on children having trouble in child care). Use data on transitions to identify children at risk of possible problems early, allowing intervention with greater chance of success.</p> <p>C. Assure that OCFS staff training emphasizes the trauma that can be caused by disruptive transitions for children. Provide more information to staff on how to detect and mitigate negative consequences.</p> <p>D. Continue to promote home-based treatment services and parental supports for foster and natural parents in order to avoid removing children if possible. Give parents and child welfare workers the information they need to have equal weight with lawyers, judges or therapists who counsel removal from the home.</p>	Leads will report by May 7, 2007	<p><u>Lead:</u> Dan Despard</p> <p><u>Associate leads:</u> Andy Cook, Doug Patrick, and Patti Woolley</p>

Strategy 5: Develop a uniform process for monitoring quality and outcomes of contracted services

Strategy (What)	Activities (How)	Timeline	Leads
Develop a uniform process for monitoring quality and outcomes of contracted services.	<p>A. Develop a comprehensive strategy to provide fiscal and contractual oversight for all OCFS divisions, with active program review of all contracted agencies.</p> <p>B. Begin regularly scheduled meetings of quality improvement staff from across the three divisions, to encourage coordination and learning from each other.</p> <p>C. Document current contract development and contract monitoring policies and processes in each of the divisions. Identify where policies and processes are similar and dissimilar (for example, the frequency with which contracts and contractor performance/effectiveness are reviewed, what elements are included in contractor reviews and how those are documented, how corrective plans are used with agencies that perform poorly in reviews, who is involved in reviewing contractor performance, how clear and measurable performance measures are developed and data on those is gathered and analyzed).</p> <p>D. Based on the analysis conducted in Activity C, identify areas where contracting and contract monitoring policies and processes can be made more consistent and systematic across divisions, focusing especially on situations where divisions contract for similar services. Work with quality improvement staff from all divisions to systematize and coordinate the identified policies and processes.</p> <p>E. As Activity D is completed, assure that staff training on how to implement those is also systematized across divisions.</p>	Leads will report by August 1, 2007	<p><u>Lead:</u> Dulcey Laberge</p> <p><u>Associate leads:</u> Ann O'Brien, Theresa Dube, Erika Leonard, Joan Smyrski, Lindsey Tweed, and Patti Woolley</p>

	F. While doing the above work, coordinate and consult regularly with the DHHS Office of Integrated Services and Quality Improvement.		
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Strategy 6: Investigate ways to redesign contracting to make more efficient use of funds

Strategy (What)	Activities (How)	Timeline	Leads
Investigate ways to redesign contracting to make more efficient use of funds.	<p>A. Review all current funding/expenditures related to treatment services for children and families.</p> <ul style="list-style-type: none"> • What is each service cluster buying? • What do the services cost? • How are the services paid for? • What can be shared by service clusters? • What is duplicative? • What is the number of service units provided? <p>B. Review all current funding/expenditures related to support services for children and families.</p> <ul style="list-style-type: none"> • What is each service cluster buying? • What do the services cost? • How are the services paid for? • What can be shared by service clusters? • What is duplicative? • What is the number of service units provided? <p>C. Use the information from Activities A and B to restructure OCFS contracts.</p> <p>D. Investigate reducing the number of contracts that OCFS staff must monitor (for example, by making major contract providers responsible for developing and monitoring</p>	Leads will report by December, 2007	<p><u>Lead:</u> Dulcey Laberge</p> <p><u>Associate Leads:</u> Linda Brissette, Carolyn Drugge, Bill Fox, Christine Merchant, Doug Patrick, Joan Smyrski, and Patti Woolley</p>

	<p>subcontracts with other providers, by doing regional contracts, by putting multiple related services offered by an agency under one contract, or by consolidating related contracts).</p> <p>E. Investigate opportunities to lower administrative costs in contracts (for example, by lowering caps for administrative overhead and making them consistent across divisions, by identifying possible duplicate administrative costs where an agency has multiple OCFS contracts).</p> <p>F. While doing the above work, coordinate and consult regularly with the DHHS Office of Integrated Services and Quality Improvement.</p> <p>G. Issue RFP's for contracts on a regular cycle (every 3-4 years). Investigate ways to use the RFP's to encourage changes in practice through outcome-based contracting.</p>		
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Strategy 7: Strengthen OCFS data/analytic capacity

Strategy (What)	Activities (How)	Timeline	Leads
Strengthen OCFS data capacity/analytic capacity.	<p>A. Work on coordinating or integrating data across divisions, since each may have data that is useful to or duplicates that of other divisions. Clarify what data elements and data analysis each division needs. Share among themselves what information they now collect.</p> <p>B. Continue data initiatives now in process (e.g., integrating data into a new quality rating system for child care providers; EC discussions with TANF about partnering on a data warehouse).</p> <p>C. Identify data improvements needed to manage OCFS services (e.g., some units need regular monthly data not now routinely available; it would be helpful if staff could create ad hoc reports on their own).</p> <p>D. Identify and develop options to address confidentiality issues that may arise if data is shared across divisions or through a data warehouse.</p> <p>E. Since the OCFS contract with the Muskie School includes some research and analysis money, these data/analysis issues should be considered as part of the process of negotiating a new contract.</p> <p>F. Develop a plan to increase OCFS capacity to handle data and use it to analyze program outcomes. Work with the DHHS Office of Integrated Services and Quality Improvement to identify technical assistance needed by OCFS and the time frames needed to make identified improvements.</p>	Leads will report by May 14, 2007	<p><u>Lead:</u> Dulcey Laberge</p> <p><u>Associate leads:</u> Bob Blanchard, Carolyn Drugge, Lori Geiger, Sheryl Peavey, and Lindsey Tweed</p>

Strategy 8: Assess training needs and develop a training plan

Strategy (What)	Activities (How)	Timeline	Leads
Training will be aligned with organizational goals.	<p>A. Building on work by Nancy DeSisto, review funding/ expenditures and training activities across all divisions</p> <ul style="list-style-type: none"> • What is each service cluster buying? • What does it cost? • How is it paid for? • What can be shared? • What is duplicative? • What are the training gaps? <p>B. OCFS Management Team will work with field representatives to identify expected core competencies and functions in the public and private workforce.</p> <p>C. Use above information in renegotiating the training portions of the Muskie contract. Consider reallocating funds to better address OCFS training needs.</p> <p>D. OCFS Management Team will prioritize training needs/ initiatives. Possible training issues include: more prevention/ early intervention training, selective cross-training of staff across divisions, assuring that trainings address DHHS integration goals, training for OCFS staff and contractors on how to use Evidence-Based Practices, and in-service/refreshers training.</p>	Leads will report by April 2, 2007	<p><u>Lead:</u> Dulcey Laberge</p> <p><u>Associate leads:</u> Dan Despard, Ann O'Brien, and Patti Woolley</p>

Strategy 9: Continue work on the Trauma Informed System of Care

Strategy (What)	Activities (How)	Timeline	Leads
Continue to develop and implement the Trauma Informed System of Care (TISOC).	<p>A. The eight committees developing the initiative will continue to address screening tools, the practice model, evaluation of the service system, social marketing, linguistic and cultural competencies, youth and family voice, and collaborations with providers and other State agencies.</p> <p>B. The Clinical Committee will continue to research, select and monitor implementation of evidence-based practices/treatment models.</p> <p>C. Those involved in the Thrive initiative will assure that the tools/treatments used are age-appropriate and linguistically and culturally competent for youngsters.</p> <p>D. Maintain a “parent partner” in the Lewiston district office, who can help parents to deal with often frustrating State processes and bureaucracy. Plan for future funding strategies to expand this position to all districts.</p>	Leads will report in September, 2007	<p><u>Lead:</u> Joan Smyrski</p> <p><u>Associate leads:</u> Carolyn Drugge, Doug Patrick, Sheryl Peavey, Francis Sweeney, and Peter Wigley</p>

Strategy 10: Promote successful transition from youth to adulthood

Strategy (What)	Activities (How)	Timeline	Leads
Strengthen and coordinate services that promote successful transition of foster children and youth with cognitive disabilities and serious emotional disturbances (SED) to adulthood.	<p>A. Identify what youth need in order to make a successful transition to adulthood (e.g., permanency, connections with others, jobs, an education plan, safe housing, day-to-day external supervision, life skills, and a support network).</p> <p>B. Profile the array of transition-related services now available, identifying where they are lacking or need to be strengthened.</p> <p>C. Assess whether current transitional living programs work.</p> <p>D. Explore the possibility of doing a Lean process on this issue, involving (for example) Adult MH and MR, Adult Protective Services, DOE Special Ed staff, Corrections, Housing, and the DHHS Directors of Service Integration. Jim Beougher will meet with Jim Braddock, Jane Gallivan, Doug Patrick, Dan Despard, Muriel Littlefield, Diana Scully, Ron Welch, and Nancy Desisto to discuss the LEAN process and transitions for youth. Aim for a LEAN process with a maximum of 3 meetings of 4 hours each.</p> <p>E. Coordinate with existing initiatives working on the transition problem (e.g., state agencies, the Maine Mentoring Partnership, Maine Transition Network, Jobs for Maine Graduates, and the Casey initiative in the Bangor area).</p> <p>F. Investigate the possibility of creating/implementing a uniform assessment for readiness that can be used across programs.</p>	Leads will report by May 14, 2007	<p><u>Lead:</u> Dan Despard</p> <p><u>Associate leads:</u> Doug Patrick and Lindsey Tweed</p>

	<p>G. Analyze how government staff working in this area now invest their time, and determine if there are additional/other tasks staff could do that would be helpful to the youth.</p> <p>H. Seek guidance/advice from experts at the University of South Florida (Rusty Clark). Review lessons learned from the Maine Medical Center work done under a national SAMHSA grant on transition.</p> <p>I. Review protocols/policies relevant to transition with adult services, with an eye to linking more effectively with those agencies in addressing this problem.</p> <p>J. Lindsey Tweed and Andy Cook will review the Independent Living survey developed for Child Welfare youth to see if it would also be useful for Children's Behavioral Health clients.</p>		
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Strategy 11: Clarify the nature of OCFS prevention work

Strategy (What)	Activities (How)	Timeline	Leads
Clarify what OCFS' role in prevention work should be.	<p>A. Identify and address disincentives to prevention in the existing service system (e.g., policies/procedures that cause unnecessary changes in caregivers, or how to deal with payment systems that require a diagnosis before service can be provided). This work will be supported by the Strengthening Families Initiative work led by Sheryl Peavey. The OCFS Management Team will identify specific next steps at its May 14 meeting.</p> <p>B. Build stronger communication and collaboration with the Office of Substance Abuse. Strengthen existing linkages at the top as possible (for example, through the Child Welfare and Substance Abuse Committee; perhaps EC and CBHS staff could join that group), and also focus on strengthening relationships at the working level (e.g., by linking with actors involved in developing the State Prevention Plan).</p> <p>C. Seek more detailed information on the unified system serving children and families in Pittsburgh/Allegheny County.</p> <p>D. Explore ways to link more effectively with Maine CDC on prevention work.</p> <p>E. Implement recommendations from the Pediatric Symptom Checklist, which may indicate that a family is in need of further assessment.</p> <p>F. Incorporate the System of Care values (family-driven, youth-guided, culturally and linguistically competent, and trauma-informed) into daily practice at the state and local levels.</p>	Leads will report in Sept., 2007	<p><u>Lead:</u> Patti Woolley</p> <p><u>Associate leads:</u> Carolyn Drugge, Virginia Marriner, Ann O'Brien, Sheryl Peavey, and Lindsey Tweed</p>

Strategy 12: Strengthen OCFS' work with communities

Strategy (What)	Activities (How)	Timeline	Leads
Strengthen OCFS' work with communities, particularly through continuation of the Future Search effort begun in 2006,	<p>A. The OCFS Management Team will identify and prioritize a short menu of issues/problems that Future Search communities can choose among to begin their work; Each community should initially focus on one (or very few) issue(s), increasing the chance of early progress and generating initial momentum.</p> <p>B. Give Future Search collaboratives readily available baseline information on challenges in their community, to educate them and help them identify problems to tackle. Also provide information on strategies/solutions that appear promising (e.g., encouraging business leaders to be mentors). Such information may be posted on the Future Search website</p> <p>C. Continue work already planned to support the TL's/PA's/EC program staff who are leading the communities' work.</p> <ul style="list-style-type: none"> • Finish developing materials to facilitate and standardize the work of communities (e.g., sample agenda and minutes formats, a list of things the communities can tackle, a list of persons who must be at the table as community work progresses, a list of the people in each district who participated in the Future Search work so far). • Conduct conference calls with leaders in each of the Future Search collaboratives by early January to discuss options for their work • Host an orientation phone call with the newly designated EC leaders (provider staff) who will join the TL's and PA's in working with the collaboratives. 	<p>Completed Jan 2007</p> <p>Sept 2007</p> <p>Jan 2007</p> <p>Jan 2007 and bi-monthly thereafter. Jan 2007</p>	<p><u>Lead:</u> Sheryl Peavey <u>Associate leads:</u> Jeanne Kannegieser, Doug Patrick, Martha Proulx, Joan Smyrski, and Francis Sweeney</p>

	<ul style="list-style-type: none"> • Talk with DHHS directors of service integration about the role(s) they might play in fostering community work 	Feb 2007	
	D. Initiate periodic meetings of all the PA's/TL's (and EC leaders?) to discuss issues that emerge from the community work and to learn from and support each other.	June 2007	
	E. Build mechanisms for providing feedback to communities on issues or questions that they surface in their work (e.g., submitting questions to Sheryl or on the web site).	March 2007 – June 2007	
	F. Include Future Search as part of regular management team discussions (monthly)	Jan 2007	

Strategy 13: Systematically and regularly conduct needs assessments of OCFS services

Strategy (What)	Activities (How)	Timeline	Leads
<p>Systematically and regularly conduct needs assessments for OCFS treatment and support services in order to identify and prioritize gaps in existing services that need to be filled.</p>	<p>A. Develop a plan for conducting regular assessments of OCFS customer needs, including the following:</p> <ul style="list-style-type: none"> • Determine a schedule for assessing needs (e.g., which services will be examined at what time intervals); • Determine who will lead each piece of the assessment work; • Decide what information will be used for the assessment (e.g., information from agency records and databases, questionnaires, interviews, focus groups, public forums), what customer subgroups will be included (e.g., which geographic areas or demographic groups), and from whom that information will come (e.g., children, youth, families, service providers, Future Search groups); • Establish timelines for the assessments; • Pilot instrumentation and procedures for gathering information to be sure they are effective; • Determine how and by whom the information/data will be analyzed; • Decide how the data will be used to the prioritize actions needed to improve services (e.g., who will participate in this, and what process will be used to generate priorities from the data); • Summarize the assessment findings in ways that make them as actionable as possible, and communicate them to staff, customers and other interested parties. <p>B. Begin to implement the needs assessment plan.</p>	<p>Leads will report in Dec., 2007</p>	<p><u>Lead:</u> Joan Smyrski <u>Associate leads:</u> Andy Cook, Sheryl Peavey, Martha Proulx, Francis Sweeney, and Jay Yoe</p>

	C. Develop a process for regular feedback to OCFS management from the Future Search Teams that will guide our program development and fiscal planning processes.		
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Strategy 14: Develop/refine the OCFS communications plan

Strategy (What)	Activities (How)	Timeline	Leads
Develop an OCFS plan for internal and external communications.	<p>A. Develop standardized communication expectations at all levels for internal communications.</p> <p>B. Leads from each service cluster will attend each other's management meetings at regular intervals to share relevant information.</p> <p>C. OCFS Management Team designees will provide information to the DHHS Director of Employee and Public Communications (John Martins) about each service cluster.</p> <p>D. For the near term, OCFS Management Team designees identify with John Martins and Lucky Hollander how decisions will be made about disseminating law, policy and budget information to external stakeholders and by whom.</p> <p>E. Develop one to several over-arching messages for OCFS.</p> <p>F. Develop a process for regularly updating the email lists of internal and external stakeholders. Develop a plan for making the updated email lists readily available to OCFS staff (for example, by placing them on the OCFS web site or in folders on the State email system).</p> <p>G. Send out relevant monthly highlights to the updated list.</p>	Leads will report by June 4, 2007	<u>Lead:</u> Elaine White <u>Associate leads:</u> Dan Despard, Sharon Kelly, Sheryl Peavey, and Martha Proulx

	<p>H. Develop communications for each month where there is a relevant national theme (for example, Week of the Young Child, Autism Awareness Month, Child Abuse Month, Children's Mental Health Awareness Week).</p> <p>I. With approval from Jim Beougher and Nancy DeSisto, update OCFS website to reflect integration of Child Welfare, Children's Behavioral Health Services and Early Childhood Services.</p> <p>J. Before it is finalized, assure that the OCFS communications plan is coordinated with the communications plan for DHHS as a whole.</p>	<p>Contracted to X-Wave. Report back June 30, 2007</p>	
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Strategy 15: Develop prior authorization/utilization review policy for residential services

Strategy (What)	Activities (How)	Timeline	Lead
Prior authorization and utilization review (UR) policy and process for residential services will be developed.	<p>A. For the time being, continue the current collaboration between Child Welfare and Children's Behavioral Health Services which uses CBHS utilization review nurses to review and authorize placement in out-of-home treatment services.</p> <p>B. The planned managed care entity will play a key role in authorization and utilization review of residential services, but details on how the entity will operate remain unclear. In the meantime, OCFS staff will continue to work as possible on various steps required to implement authorization and utilization review with the managed care entity, including</p> <ul style="list-style-type: none"> Review how current Child and Family Team Process policy fits with existing Utilization Review process, 	<p>On hold until managed care entity issues and bills pending in the legislature are resolved.</p> <p>Leads will report on status of those by July 9, 2007.</p>	<p><u>Leads:</u> Andy Cook and Doug Patrick <u>Associate lead:</u> Dan Despard</p>

	<p>including clarification of roles, who calls meetings and under what circumstances, etc.</p> <ul style="list-style-type: none"> • Establish policies, procedures and training plan to ensure OCFS placement coordinators, caseworkers, supervisors, and Program Administrators (PA's) serve in the similar capacity as the CBHS Mental Health Program Coordinators (for children in DHHS custody) with regard to a UR process. • Develop training for providers, guardians ad litem, judges, attorneys and JCCO's to ensure a consistent understanding of the utilization review process. • Train all CW caseworkers, placement coordinators, supervisors, PAs, MHPC/SAC and Team leaders regarding principles of a UR process and practical realities of developing ITP, discharge plans and parent/guardian involvement. • Train providers on UR process of OCFS • Design the Child Welfare District Residential/ Permanency Review Process and CBHS Team Review process to ensure they complement the new UR system. 		
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Strategy 16: Clarify the policy review and decision-making process

Strategy (What)	Activities (How)	Timeline	Lead
Adopt a systematic policy review and decision-making process that assures policies/ rules will be consistent across OCFS divisions.	<p>A. Implement a process to ensure the timely review of new policies, protocols and rules by the OCFS Management Team. Significant divisional rule or policy changes must also be placed on the agenda for OCFS Management Team discussion. Major rule or policy changes must also receive approval from the OCFS Director through a one-on-one meeting.</p> <p>B. Since different divisions of OCFS emphasize different types of documents to guide their work (for example, “policies” in Child Welfare, “rules” in Children’s Behavioral Health Services), commonly accepted definitions for “policy,” “rule,” and “protocol” will be developed.</p>	Lead will report by April 16, 2007	<u>Lead</u> : Jim Beougher

Strategy 17: Initiate a Crisis Response Strategy

Strategy (What)	Activities (How)	Timeline	Lead
Initiate a Crisis Response Strategy.	A. Develop and implement a proactive policy level Crisis Response Strategy designed to assure a coordinated response to high profile incidents. This will ensure that those affected receive any needed services and will help to avert crisis-driven policy changes.	Leads will report by June 4, 2007	<u>Lead</u> : Joan Smyrski <u>Associate leads</u> : Andy Cook, Dan Despard, Carolyn Drugge (Ensure that Lucky Hollander and John Martins are involved)

Strategy 18: Develop residential standards

Strategy (What)	Activities (How)	Timeline	Leads
Develop residential standards with core expectations.	<p>A. Establish a workgroup (composed of family, youth, provider, CW and CBHS representatives) to develop comprehensive residential program standards and a process to ensure that those standards are met. Standards will be referenced in provider contracts and will reflect best practices.</p> <p>B. Standards will include regular child contact with parents/ siblings, common outcomes from providers, documentation of meeting standards, and regular reporting and on-site visits. Agency contracts will stipulate that agencies submit a corrective action plan to address any shortcomings found by DHHS.</p> <p>C. Consider utilization review and going thru the APA process to make standards law.</p> <p>D. Check on residential standards used by other states.</p>	First draft due July 9, 2007	<p><u>Lead:</u> Lindsey Tweed</p> <p><u>Associate leads:</u> Dean Bailey, Dan Despard</p>

Strategy 19: Develop OCFS vision/mission statements

Strategy (What)	Activities (How)	Timeline	Leads
Develop vision/mission statements for OCFS.	<p>A. Develop the vision/mission statements, starting from the DHHS vision and mission and making them short enough to be memorable. Be sure that statements include reference to the importance of assuring permanency for children and families.</p> <p>B. Devise strategies to keep the mission/vision statements before staff and contractors at all times (e.g., by including them on agendas).</p>	Leads will report by July 9, 2007	<u>Lead:</u> Jim Beougher <u>Associate leads:</u> Andy Cook, Dan Despard, Jeanne Kannegieser, and Patti Woolley

Strategy 20: Pursue co-location of OCFS staff

Strategy (What)	Activities (How)	Timeline	Lead
Co-location of OCFS staff will be pursued.	A. Make a decision on co-location and, if it is feasible, implement it.	Updates monthly	<u>Lead:</u> Jim Beougher

Strategy 21: Create a 2008 Strategic Plan

Strategy (What)	Activities (How)	Timeline	Lead
Engage in an annual strategic planning process which will focus on key organizational outcomes.	<p>A. OCFS Strategic Plan for 2008 will be done by December 2007, and annually thereafter. The planning process will include provider, consumer and family partnerships.</p> <p>B. Ken Town will facilitate a half-day review of progress on the 2007 strategic plan in July, 2007.</p>	Oct.-Dec., 2007	<u>Lead:</u> Jim Beougher

Lead Legend

OCFS Management Team:

James Beougher, Director, Office of Child and Family Services
Dan Despard, Acting Director, Child Welfare
Joan Smyrski, Director, Children's Behavioral Health Services
Patti Woolley, Director, Division of Early Childhood
Andy Cook, M.D., Medical Director, Children's Behavioral Health Services
Lindsey Tweed, M.D., Director, Clinical Policies and Practice, Children's Behavioral Health Services
Dulcey Laberge, Director, Division of Public Service Management
Virginia Marriner, Acting Director, Child Welfare Policy and Practice
Doug Patrick, Children's Systems Manager, Children's Behavioral Health Services
Carolyn Drugge, Director, Office of Child Care and Head Start, Division of Early Childhood
Sheryl Peavey, Director, Early Childhood Systems Initiative, Division of Early Childhood
Jeanne Kannegieser, Project Specialist, Child Welfare Training Institute
Elaine White, Clerk IV, OCFS

Other Leads for 2007 Plan:

Dean Bailey, SSPS II, Residential Services, Public Service Management
Bob Blanchard, Program Manager, MACWIS/Data
Linda Brissette, SSPS II, Children's Services and Licensing, Child Welfare Policy and Practice
Theresa Dube, Quality Assurance Program Manager, Child Welfare Policy and Practice
Lori Geiger, Information Systems Manager, Children's Behavioral Health Services
Sharon Kelly, Program Specialist, Children's Behavioral Health Services
Erika Leonard, SSPS I, Early Childhood
Christine Merchant, SSPS II, Community Programs, Public Service Management
Ann O'Brien, Children's Policies & Procedures Manager, Children's Behavioral Health Services
Martha Proulx, Assistant Deputy Director, Child Welfare
Francis Sweeney, Program Administrator, Child Welfare District 3
Ned Vitalis, Program Specialist, Children's Behavioral Health Services
Peter Wigley, Child Protective Services Supervisor, Child Welfare District 3
Jay Yoe, Director, DHHS Office of Integrated Services and Quality Improvement.